ASSESSOR'S OFFICE 101 FIELD POINT ROAD GREENWICH, CT 06830 (203) 622-7885

2021 GRAND LIST

CHECK PROGRAM	I CHOICE
TAX CREDIT	
TAX DEFERRAL	

APPLICATION FOR LOCAL OPTION SENIOR TAX RELIEF TOWN OF GREENWICH

Complete and return all forms during the filing period: February 1, 2022 through May 16, 2022

ARCI	EL ID NUMBER:		TELEP	HONE:			-
AME):		BIRTH	DATE:	/ /		
AME	::		BIRTH	DATE:	/ /		-
ROPE	ERTY ADDRESS:		ALTER	NATE CONT	ACT:		_
1.	Applicant is a resident of the Tow	n of Greenwic	h at time of applica	tion.		YES	NO
2.	Applicant has been a taxpayer of the Town for at least one (1) year immediately preceding the receipt of tax relief under this Ordinance. How many total years?						NO
3.							NO
4.							NO
5.	Applicant is 65 years of age or over as of 12/31/2021, OR is the Surviving spouse of a taxpayer qualified for tax relief at the time of his/her death and is 60 years of age as of 12/31/2021. Proof of age required for new Applicants.						NO
6.	Does applicant or his/her spouse owe delinquent taxes to the Town of Greenwich?					YES	NO
7.	Applicant has applied for State tax relief under State of Connecticut Statutes.					YES	NO
8.	If Co-op owner, provide applicant				\$		
9a						YES	NO
9b							NO
 A pl Ti th C C WOR MOR MOR 	ttach a copy of the signed 2021 IRS ttach copies of all other income sour lans, dividends, and any non-taxable he TOWN ORDINANCE does not also October 1, 2021 Grand List. ombined credits/exemptions/deferral credit conditional on availability of RN AFFIDAVIT: The above named implete and claims tax relief under procations ARE SUBJECT TO AUE	ces, including a income. See Tallow Senior Tares cannot exceed funding. You applicant, or au ovisions of the DIT.	2021 1099 Social Second ORDINANC X Relief on propertied 75% of taxes due in will be notified if youthorized agent, pled Town of Greenwich	curity Statemer E for specifics. It is with an assessing the tax year. Our credit is do ges and affirms 's Property Tax	enied due to in that the above Relief for Seni	sufficient statements iors Ordina	40 on funding are true ance.
SIGN	ATURE:			SIAF	'F:		
	_		OFFICE USE ONLY				
	I:	A:			MF	HOL	LD
S	SS:	EX:			SF	DON	JE
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